

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON HOME CARE OF MENTALLY CHALLENGED
CHILDREN AMONG THE MOTHERS OF MENTALLY CHALLENGED
CHILDREN IN A SELECTED SPECIAL SCHOOL AT
KANYAKUMARI DISTRICT.**



**A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R
MEDICAL UNIVERSITY CHENNAI IN PARTIAL FULFILLMENT
FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING**

APRIL 2012

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Approved by the dissertation committee on:.....

RESEARCH GUIDE:

Mrs. Santhi Ietha MSc., (N).

Principal,

Sree Mookambika College of Nursing,

Kulasekharam.

.....:

SUBJECT GUIDE

Mrs. Melta M.Sc.(N)., PGDNA.,

Head of the Department,

Sree Mookambika College of Nursing,

Kulasekharam.

.....

MEDICAL GUIDE:

Dr.K. Kanesan MBBS., MD , DPM, DNB (Prof. of Psychiatry)

Sree mookambika institute of Medical science,

Kulasekharam.

.....

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INTERNAL EXAMINER

.....

EXTERNAL EXAMINER

CERTIFICATE

This is to certify that this is the bonfide work of
II Year M.Sc.Nursing, Sree Mookambika College of Nursing, Kulasekharam in
partial fulfillment of the requirements for the degree of Master of Science in
Nursing.

Place: Kulasekharam

Signature

Date:

Principal

**Sree Mookambika College of Nursing
Kulasekharam**

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Investigator

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ABSTRACT

Introduction

This study was undertaken to assess the effectiveness of structured teaching program on home care of mentally challenged children among the mothers of mentally challenged children in selected special school at Kanyakumari District.

Objectives

To assess the level of knowledge of mothers regarding the care of mentally challenged children before and after the structured teaching program.

To find out the association between the knowledge of mothers and their demographic variables such as age, education, income, and occupation.

Methodology

The conceptual frame work was based on J.W. Kenny's open system model. The research design selected for this study was quasi experimental design. Convenient sampling technique was followed to obtain a sample of 30 mothers. Pre test was conducted in order to assess their knowledge regarding the care of mentally challenged children. Then gave structured teaching program on care of mentally challenged children for about 30 minutes. After seven days the post-test was conducted by the same questionnaire in the

same manner. The data were analyzed using both descriptive and inferential statistics.

Major findings of the study

The mean pre test score was 5.3 and mean post test score was 10.37. It implies that structured teaching program was very effective in improving the knowledge of mothers regarding care of mentally challenged children

CHAPTER - I

Introduction

According to world health organization (WHO 2001) “mental retardation is the condition in which there is an arrest in the development of the mind. A mental deficit is accompanied by impairment of skills and intellectual capacity in areas of cognition and motor and social abilities”. It is estimated that the overall prevalence of mental retardation is believed to be between 1% and 3% with the rate for moderate, severe and profound retardation being 3%. It is more common in developing countries because of the higher incidence of injuries and anoxia in the birth and early child hood.

The best estimates of the prevalence of severe mental retardation (IQ less than 50) in developed countries suggest that the rate is between 3 and 4/ 1000 persons. Mild retardation (IQ of 50- 70) is usually estimated to occur in 2-3/100 persons. The prevalence of severe and mild mental retardation in developing countries is much less accurately known for a variety of reasons. Firstly very few relevant surveys have been carried out so far. Secondly there is often a lack of standardized measures of intellectual function and disability adapted to the needs of developing countries. Thirdly professional workers (paediatrician, primary health care workers etc) are often not trained to recognize mental retardation (WHO). In India the prevalence of mental disability was found to be 2.3%. The prevalence was higher among females (3.1%) than among males (1.5%). (Indian Psychiatric Society 2008)

Causes of mental retardation are chromosomal abnormalities,² metabolic disorder, cranial malformations, endocrine disorder, physical damage and disorders (R. Sreevani 2008)

In the mid – 1800s many children with mental retardation were placed in residential education facilities in conjunction with the belief that if these children received sufficient intensive training, they would be able to return to their families and function in society at a higher level. So they could overcome their disabilities was not realized. Gradually these residential programs became larger and eventually the focus began to shift from intensive education to custodial care (Kaplan and Sadock's).

Educational settings for children who are mentally retarded should include a comprehensive program that address training in adaptive skills, social skills and vocational skills. Particular attention should focus on communication and efforts to improve the quality of life of mentally retarded children. (Bhattacharya-Kolkata).

Students with mental retardation are capable of learning a great deal; however they often need to be taught systematically and creatively in order to master certain skills. Many life skills such as bathing, dressing, toileting, cleaning, washing, preparation of food etc are need to be taught and practiced multiple times to help them independently participate in daily routines and activities. With the right environment and training program, students with mental retardation should show improvements in current life skills and begin to make progress with new skills (Michaela Davila, 2000, Newzealand).

Need and significance of the study

Mentally handicapped children will have a difficult time in getting through life without assistance. Research has shown that the best place for children with mental retardation to grow in is their own families. Mothers of mentally retarded children need to remember that they learn skills slowly, will require motivation and will find it hard to grasp advanced skills like problem solving, mathematics and reading. The mentally retarded children will have steady progress at improving intellectually with the support of loved ones, and good training for daily living skills like dressing, bathing, toileting, cleaning, washing, diaper changing etc. So the mothers of mentally retarded children should have an adequate knowledge regarding home care.

Mb Wilo G.S.K (2005) conducted a study on family perception in caring for children and adolescents with mental disability. Samples were chosen through convenient sampling. The result of the study revealed deficient knowledge about mental disability and they did not receive adequate health care. The study suggested that well worked out strategy would improve health care of children and adolescents with mental disability through provisions of guidance and supervision to the families.

NMA Loan, Gmp loots, CGC Janseen and J stolk (2001) conducted a study on foster care of children with mental retardation and challenging behaviour. The research group consisted of 78 children who had been entered in the project at least two years before the start of the study. Check list was used to analyse the factual data in the case notes that is age, gender,

level of cognitive functioning commitment disease or disabilities,⁴ psychological, behaviour and attachment problem. The children those who received foster care has marked improvement in their daily activities. Study revealed that good care will influence the mentally challenged children.

A study was conducted by Soumitra, Shankar Datta, Paul Swamithas Sudhakar Russal, Seetha Cookemana Gopalakrishna, 2002, Velloore, on burden among the care givers of children with intellectual disability; among 31 consecutive families with an intellectually disabled child. Care givers and children were measured with a variety of instruments. The putative risk factors significant in the univariate analysis, namely income and express emotions, were entered step wise into a logic regression model to predict the level of burden among the caregivers. The result showed high level of burden among the care givers.

From the above studies researcher found that mothers of mentally challenged children face many difficulties and problems, in taking care of child and also lack knowledge for caring mentally challenged children.

So the researcher has planned to conduct structured teaching program for the mothers regarding the home care of mentally challenged children, so that they are able to cope up with their children's need.

Statement of the problem

A study to assess the effectiveness of structured teaching program on home care of mentally challenged children among the mothers of mentally challenged children in a selected special school at Kanyakumari District.

Objectives of the study

- To assess the level of knowledge of mothers regarding the care of mentally challenged children before and after the structured teaching program.
- To find out the association between the knowledge of mothers and their selected demographic variables such as age, education, income, and occupation.

Hypotheses

- There is a significant difference in the pre-test and post test level of knowledge regarding care of mentally challenged children.
- There is a significant association between the knowledge of the mothers regarding care of mentally challenged children and their demographic variables.

Operational definition**Effectiveness**

In this study effectiveness refers to gain in the knowledge score of the mothers of mentally challenged children, after attending structured teaching program on home care of mentally challenged children as measured by the questionnaire.

Structured teaching program

In this study structured teaching program refers to a well prepared and well planned explanation session on care of mentally challenged children conducted by the investigator for the mothers of mentally challenged children, attending the special school.

Care of mentally challenged children

Care of mentally challenged children refers to meeting all the home care needs of the mentally challenged children.

Mothers

In this study mothers refer to mother of mentally challenged children attending (Asseer Vidyalaya) special school.

Assumptions

- Mothers of mentally challenged children may not have adequate knowledge regarding care of mentally challenged children.
- Structured teaching program on care of mentally challenged children will improve the knowledge level of mothers of mentally challenged children.

Delimitations of the study**The study is limited to**

- Only one school for mentally challenged children
- Period of study is 4 weeks
- 30 samples

Ethical consideration

The study was approved by the dissertation committee of Sree Mookambika College of nursing. The permission to conduct the study was obtained from the authorities of Asseer Vidyalaya. Assurance was given to the study subject that confidentiality would be maintained. Oral consent was obtained from the study sample by explaining the needs and significance of the study.

Conceptual Framework

The conceptual frame work is a global idea about concept in relation to specific discipline. i.e., it is visual diagram by which the researcher explains the specific areas of interest. The overall purpose is to make research findings meaningful and generalizable.

The conceptual frame work used for this study is “modified J.W.Kenny’s open system model (1990)”. Interrelated parts in which parts have a function and system as a whole has its own function. All living system is open system in which there is a continuous exchange of matter, energy and information which provides input for the system. The system transforms the input in the process known as output. When output is returned into the system as input, this process is known as feedback. All living system are open in that there is continually exchange of matter, energy and information with environment from which the system receives input and output in the form of matter energy and information

Input

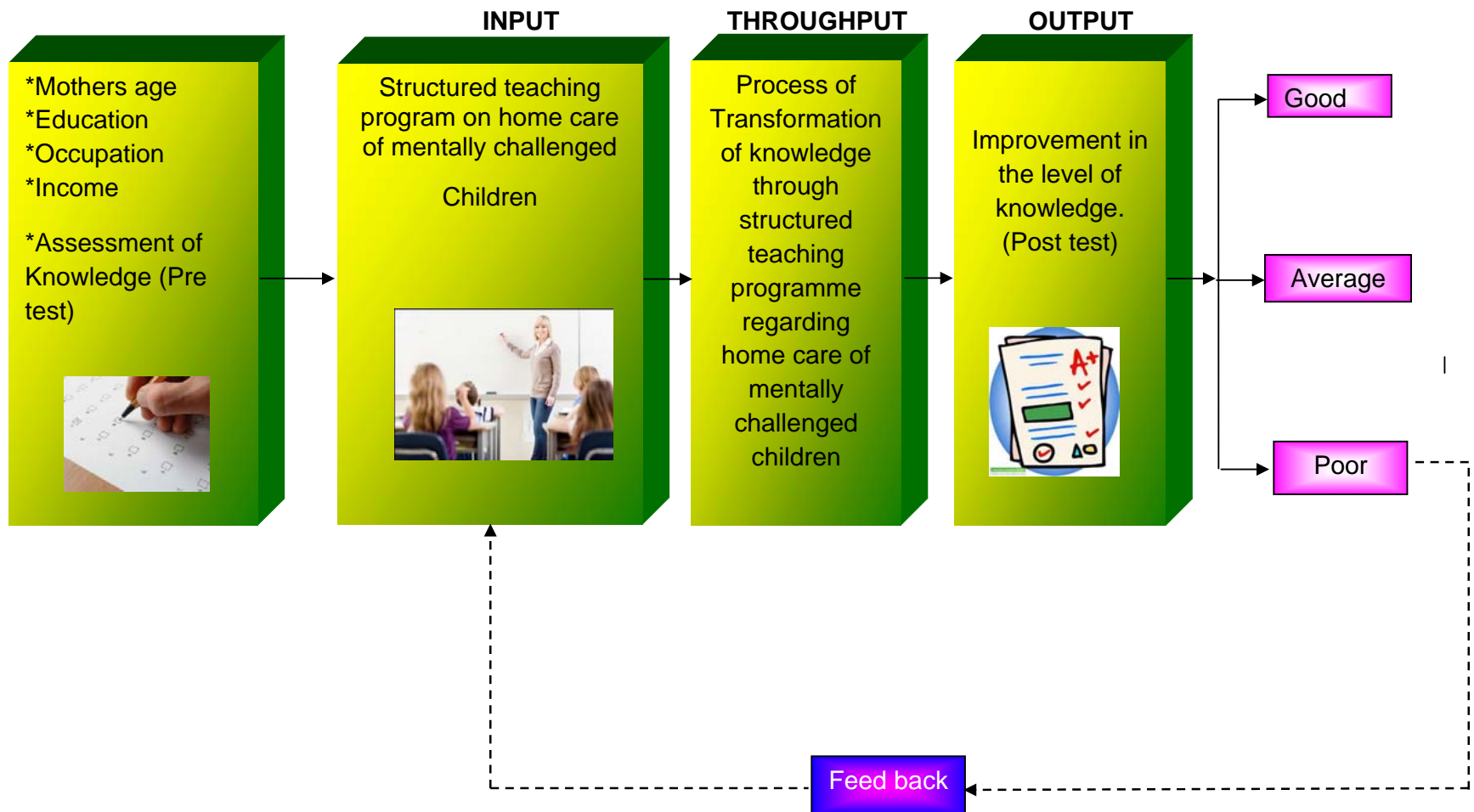
Input is the entry of mother’s knowledge regarding care of mentally challenged children through structured teaching program.

Through put

Through put or the process of focus is primarily up on actual delivery of the study. It is the transformation process which is obtained by delivery of structured teaching program.

Output

Information are continuously processed through system and released as output in an altered state. Output usually focuses up on the learning outcome of the participants. It is assessed through the post test using the same structured questionnaire.



CONCEPTUAL FRAME WORK BASED ON MODIFIED J.W. KENNY'S OPEN SYSTEM MODEL (1990)

CHAPTER II

REVIEW OF LITERATURE

Researcher never conducted the study in a vacuum; their studies are usually undertaken in the context of an existing knowledge base. Researchers often undertake a literature review to families themselves with knowledge base. For both qualitative and quantitative researcher, a literature review is important for developing a broad conceptual context in to which a research problem will fit. The search for related literature is one of the first steps in the research process. It is a valuable guide to define the problem and recognize its significance and suggesting and promising data gathering devices, appropriate study design and sources of data.

The review of literature is divided into the following headings.

1. Studies related to knowledge of parents of mentally challenged.
2. Studies related to caregiver's perception in caring mentally challenged children.
3. Studies related to teaching program on care of mentally challenged children. .

1.

Studies related to knowledge of parents of mentally challenged.

A study had been conducted on knowledge of parents towards their children with intellectual disability by Ram Lakhan, (2010). Total 41 parents were selected for this study. A questionnaire was used to assess the knowledge of parents. Results showed that majority of parents had poor knowledge

Violet Bowman Hendrickson (Kansas 2005) conducted a study regarding parental knowledge and understanding of the problems of mental retardation. In this study 107 families were selected for the study. Structured questionnaire was used to assess the knowledge and problems. Results revealed poor knowledge regarding mental retardation and poor understanding.

Silimba (2005, Kingston) conducted a study to assess the knowledge of mothers regarding care of their intellectually defective child. In this study 226 mothers were selected. Assessment was done by using formal questionnaire. Most of the mothers had deficient knowledge on care of defective child. Results showed poor knowledge 48% Good knowledge 15% and moderate 27%.

A study was done by DawdKuriz, Barbara Devancy and Philip Strain (2004) regarding rural parents knowledge on mentally handicapped children care. 170 parents were assessed to determine knowledge of care. Structured questionnaire was used to assess the knowledge of parents. Results showed poor knowledge regarding mentally handicapped children's care.

A study had been conducted among 127 mothers to assess the knowledge, regarding mental retardation and care. Semi Structured questionnaire was used to assess the knowledge of parents. Results showed lack of knowledge regarding care of mentally retarded children and they need proper guidance. (Harry, 2000, Lebanon).

2. Studies related to caregiver's perception in caring mentally challenged children

B. Smide (2010) conducted a study on parental perceptions in caring for children and adolescents with mental disability. 52 parents were selected for this study. A semi structured questionnaire was used to collect the data. The text was analyzed using thematic content analysis. Results showed that most of parents had inadequate and poor perception regarding care of mentally disabled child.

S. M. Kermanshahi Z Vanaki, F. Ahmadi A Kazemnejad, E. Mordoch, P Azadfalsh (2008, Iran) Conducted a study on Iranian mothers perception of their lives with mental retardation. In this study interview schedule was used to assess the perception. In the result six major themes were found, challenging the process of acceptance, painful emotional reactions, the inter-relatedness of the mothers health and the child's well being, struggles to deal with oneself of the child, inadequate support from the family and community and anxiety, related to child's development.

A study was conducted on positive perceptions in parents of children with mental disabilities by Ashum Gupta, Nidhisingal (2004, Bangal). In this study they evaluated the types, degree and determinants of stress faced by

parents in caring for their children. Results showed that, the parents¹⁴ experienced stress and social isolation, discomfort.

A study was conducted on perceptions on mental disability, by shagufta shahasadi (2002,Karachi).The investigation was designed to study the influence of parents towards their mentally handicapped children . Structured interview questionnaire was constructed and pretesting was made to assess the validity of the instrument .The sample of the study was selected using the purposive sampling method. The findings showed that the parent's reaction towards mental disability was anger, denial and guilt

Richard p hastings(2002) conducted a study on positive perceptions in parents of children with developmental disabilities. This study is based on the hypothesis that positive perceptions function as strategies that help parents to cope with the experience of raising a child with mental disabilities. 30 samples were selected for this study. Results showed more negative perceptions than positive perceptions regarding their child.

A study was conducted on Turkish mother's perceptions on the disability of their children with mental retardation. In this study 13 mothers who had at least one child with mental retardation were the participants. A semi structured interview was used to collect data. Most of the mothers were aware about the children's disability, at same time they perceived the condition of the disability as temporary. Most of the mothers believed about the causation of mental retardation are regarding religious. So they are giving religious, traditional treatment. (Ibrahim, 2000, Turki)

Abraham Husain (2000) conducted a study on parental perspectives of mentally retarded children. 513 samples were selected for this study. This study revealed that the parents / care givers have inadequate knowledge and most of the parents have superstitious beliefs to be the cause of their child's mental retardation.

A study conducted by Liza Kasari (2000) on parental perception in their children with mental retardation. 30 samples were selected for this study. Most of them showed negative emotions.

3. Studies related to teaching program on care of mentally challenged children.

The study was conducted on 95 families to assess the effectiveness of parent's skill teaching program regarding care of mentally retarded children. 20 week behavioural training program had given to the parents of mental retarded children. Result showed that 85% of parents had trained in their knowledge of programming principles .(Penny Low Deiner – 2009).

A study on evaluation of group training for parents of mentally retarded children by Garry hornby (2006). In this study 50 parents were selected. The training was given for one month. After the training program results showed favourable outcome.

The study conducted by an evaluation of parents training and counselling with the parents of mentally retarded children by Fusun Akkok (2005, Turki). In this study 30 mothers were selected. 15 mothers were in experimental groups, 15 mothers were in control groups. After the training and

counselling significant improvement in the experimental groups. But no¹⁶ improvement in control group.

A study was conducted on effectiveness of planned teaching program on home based care to the mothers of mentally retarded children, among 40 mothers in Mangalore. A structured knowledge assessing questionnaire was used to assess the knowledge, during pre test and post test. Result showed an increased post test score than pre test score. (Tara AC, 2004, Mangalore).

A study on evaluation of an intervention system for parents of children with intellectual disability and challenging behaviour, among 115 families was under taken. Series of educational programs delivered to the parents. Results showed that 80% of parents reported high levels of satisfaction with good delivery of care. (Hong 2002, Japan).

A study on effectiveness of behavioural training for the parents of mentally disabled was undertaken by Anthony M.Graziano (2002). 34 families were selected for this study, divided in to two groups, experimental and control groups. The training program given to the experimental group. The results showed the high level of improvement in experimental groups. Control group has poor performance.

James D Cowart (2002) conducted a study on evaluation of generalization and maintenance in training program for parents of mentally retarded. 10 mothers were selected for the study. The training program included return hand outs, slide sequences. Results showed that training produces noticeable gains in mothers.

Elizabeth Anngammon (2001) conducted a study on an experimental¹⁷ evaluation of training program for parents of children with developmental disabilities. In this study 50 mothers were selected for training. 25 mothers in control group and 25 mothers in experimental group. During the evaluation time experimental group showed positive result.

Kapoor (2001, Secunderabad) conducted a study regarding involvement of parents in training mild mentally retarded children in self care and play skills among 30 parents of children. The training program was conducted for 8 weeks with the help of books, flashcard. Individual demonstration. Results showed a significant difference between pre test and post test scores. 60 % of parents had improved awareness.

Mr. Devaiah, Bangalre (2000) conducted a study to assess the effectiveness of structured teaching program regarding care of mentally retarded children. In this study 40 samples were selected and structured knowledge questionnaire is used to assess the knowledge of mothers during pre test and post test. The results reveal that, the post test score was higher than the pre test score.

Feldmen, Mourice .A (2000, Canada) conducted a study on effectiveness of home based parent teaching program. In this study 44 mothers were selected. 22 mothers were in control group and 22 mothers were in experimental group. Post test showed high improvement, in experimental group.

The study was conducted by R.T.Bidder(2000), among 16 mothers to assess the benefits of mentally disabled child through training their mothers .

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The mothers were taught behaviour modification technique based on learning theory, and were given group discussion dealing with their family or personal problems. The subjects were 16 mothers divided in two groups on the basis of their child's sex, chronological and mental ages. The Griffiths scale was used for assessment. The mothers in the treatment group received 12 sessions of training and group counselling over a six month period whereas the control group mothers received no adequate attention except the usual routine. Result showed that clear gains mother in the treatment group. The child improved especially in language development as well as in other areas, and the mother gained more confidence and competence in her daily management of the child.

Cliff Cunningham (2000 Manchester) conducted a study on training and education approaches for parents of children with mental disabilities. In this study 30 mothers were selected for the training program. After the training program mothers showed good improvement.

The study conducted by R.B. Hampson (2000) on evaluation of parental skills in mentally retarded children's care. 29 parents were selected. 18 parents received training. Training period was 11 weeks. Results showed that significant improvement in the knowledge after the training program.

Sebastiano Santostefano (1997) conducted a study on effectiveness of training program for the preschool retarded children's parents. In these study 17 preschool retarded children mothers were selected. After the training program the mothers improved their knowledge. Results showed significant

gains in learning potential and in several cognitive functions, in children¹⁹
those who are received care from trained mothers.

A study was conducted on evaluation of a home care program for the mentally retarded children through training of the mother. In this study mothers of 80 children of mild (IQ 50-70) and moderate (IQ 35-49) mental retardation were selected. A carefully developed home training program was utilized to train half of the mothers, the other half forming the control group for the study. In the experimental group there was a significant increase in the IQ and improvement in the behaviour of the children. There was no significant change in the control group in any of the variables – Varma .V.K., Verma .S.K Kapoor P. (1992- Chandigarh.

CHAPTER III

RESEARCH METHODOLOGY

Introduction

This chapter deals with the research methodology. In this study researcher is intended to assess the effectiveness of structured teaching program on home care of mentally challenged children among the mothers of mentally challenged children.

Research Approach

The research approach used for this study was quantitative research approach.

Research Design

Design used in this study was quasi experimental design. That was one group pre test post test design.

Setting of the Study

The study was conducted in Asseer vidyalaya, special school for mentally retarded, which is in chenamcodu, Kanyakumari District.

Variables

Independent variable- structured teaching program regarding home care of mentally challenged children.

Dependent variable- knowledge on home care of mentally²¹ challenged children.

Population

The target population was the mothers of mentally challenged children

Sample

Sample consisted of 30 mothers mentally challenged children.

Sampling Technique

Convenient sampling technique was used for this study.

Sample Selection Criteria

Inclusion Criteria

- Mothers who are willing to participate in this study
- Mothers who can read Tamil
- Mothers those who have children, with in the age group of 6 to 10 years

Exclusion Criteria

- Mothers those who are not able to attend the teaching program, due to physical illness.
- Mothers who are not co-operative.
- Care takers other than mothers.

Description of The Tool

The tool consists of 2 sections. Section A and Section B.

Section A

It consists of demographic data such as age, education, Income, Occupation.

Section B

It consisted of structured knowledge questionnaire on home care of mentally challenged children, which has 20 questions. Total score is 20, every correct answer carries one mark and wrong answers zero mark.

Validity and reliability

Tool was prepared and was submitted to experts in the nursing field and modification was made according to their suggestions. The tool was translated in to Tamil.

Reliability of the tool was identified by test retest method ($r=0.08$) using spearman rank correlation formula.

Pilot Study

The pilot study was conducted in Government Higher Secondary School, Melpuram, in order to find out feasibility and reliability. The pilot study was conducted among 3 samples. The period of conducting pilot study was one week. 3 mothers selected, and purpose of the study was explained to the subjects. Pre test was done by using the questionnaire which consisted of 20 questions regarding knowledge on home care of mentally challenged children. Then the structured teaching program was given for the group about 30 minutes. After 1 week post test was given by using same questionnaire. The

mean of post test score (14.3) was higher than that of the mean pre test²³ (6.67). The calculated 't' value is 28.19. So the research hypothesis 'there is a significant increase in the level of knowledge among mothers of mentally challenged children regarding the care of mentally challenged children' is supported.

Since the adequacy of the tool was established through the pilot study the final study was conducted without any change in the tool.

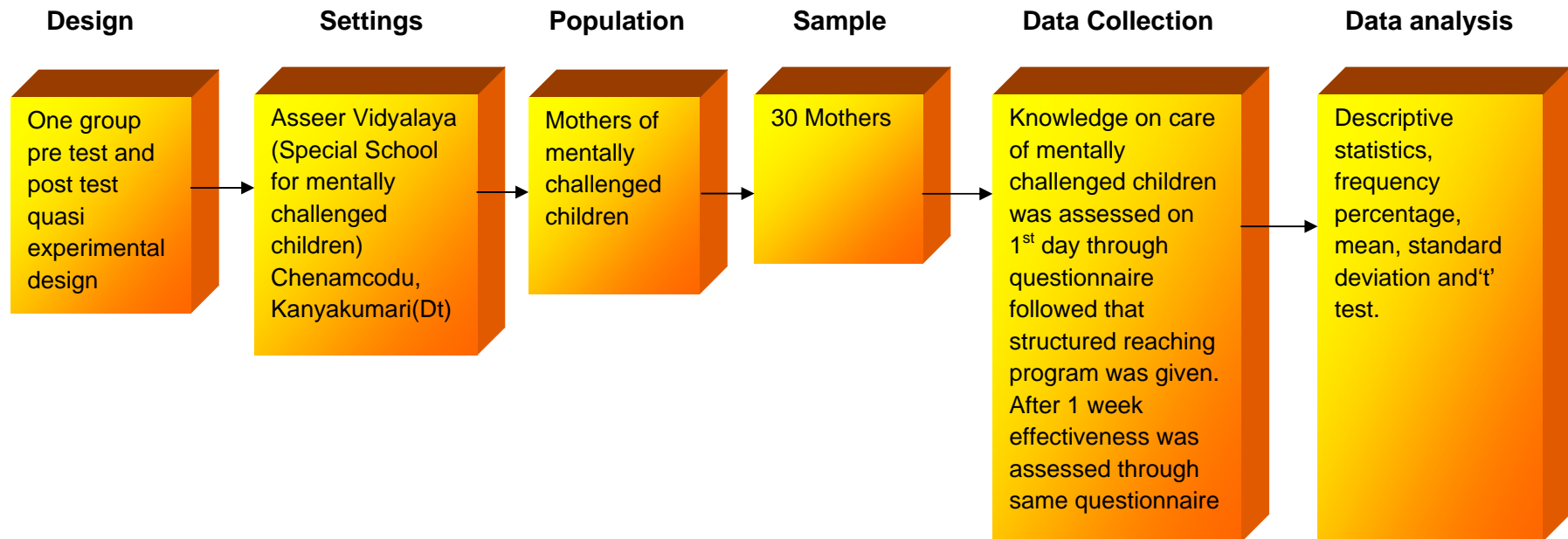
Data collection procedure

After getting permission from the concerned authority of the Asseer Vidyalaya, special school for mentally retarded, Chenamcodu, the study was conducted. The period of data collection was four weeks in the month of July-August 2011. Based on the inclusion criteria the subjects were selected.

Pre test was done by using the knowledge assessing questionnaire. Then the structured teaching program regarding home care of mentally challenged children was given to the selected subjects, about 30 minutes. After one week post test was conducted, among the subjects by using the same questionnaire.

Plan for data analysis

The data were organized, tabulated, summarized and analyzed by using the descriptive and inferential statistical analysis. The analysis is made by 't' test. The association between the selected demographic variables with knowledge, analyzed and interpreted by using χ^2 (chi-square)

SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

CHAPTER IV

ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected in accordance with the objectives stated for the study. The data collected was analyzed by using descriptive and inferential statistics.

The analysis and interpretation of knowledge level were made by 't' test. The association between the demographic variables with knowledge level was analyzed and interpreted by χ^2 (chi-square) test. The level of significance was tested at 5% ($P=0.05$)

The objectives of the study were,

- To assess the level of knowledge of mothers regarding the home care of mentally challenged children before and after the structured teaching program.
- To find out the association between the knowledge of mothers and selected demographic variables such as age, education, income, occupation.

Section I

Description of sample characteristics.

Table I

Frequency percentage distribution of the samples according to their demographic variables.

Table II

Frequency and percentage distribution of sample according to their level of knowledge.

Section II

Effectiveness of structured teaching program regarding home care of mentally challenged children.

Section III

Association between knowledge and selected demographic variables.

Section I

This section deals with the frequency and percentage distribution of the sample according to their demographic variables and the level of knowledge.

Table I

Frequency and percentage distribution according to the demographic variables.

(N=30)			
S.No	Demographic variables	F	%
1	Age in Years		
	a. 18-24 years	2	6.67
	b. 25-30 years	14	46.67
	c. More than 30	14	46.67
2	Education		
	a. Illiterate	3	10
	b. Primary school	9	30
	c. High school	16	53.33
	d. Higher secondary	1	3.33
	e. Graduate	1	3.33
3	Income		
	a. Below 5000	8	26.67
	b. 5000-10000	21	70
	c. Above – 10000	1	3.33
4	Occupation		
	a. House wife	17	56.67
	b. Coolie	8	26.67
	c. Self employment	4	13.33
	d. Govt employee	1	3.33
	e. Working in private sector	0	0

Table I shows the frequency distribution of sample according to the²⁸ demographic variables, 46.67% belongs to the age group of 25 to 30 and above 30 years, 53.3%of mothers have high school education. 56.67%of mothers are house wives. 70% of mothers having monthly income Rs. 5000 to Rs. 10000/ month.

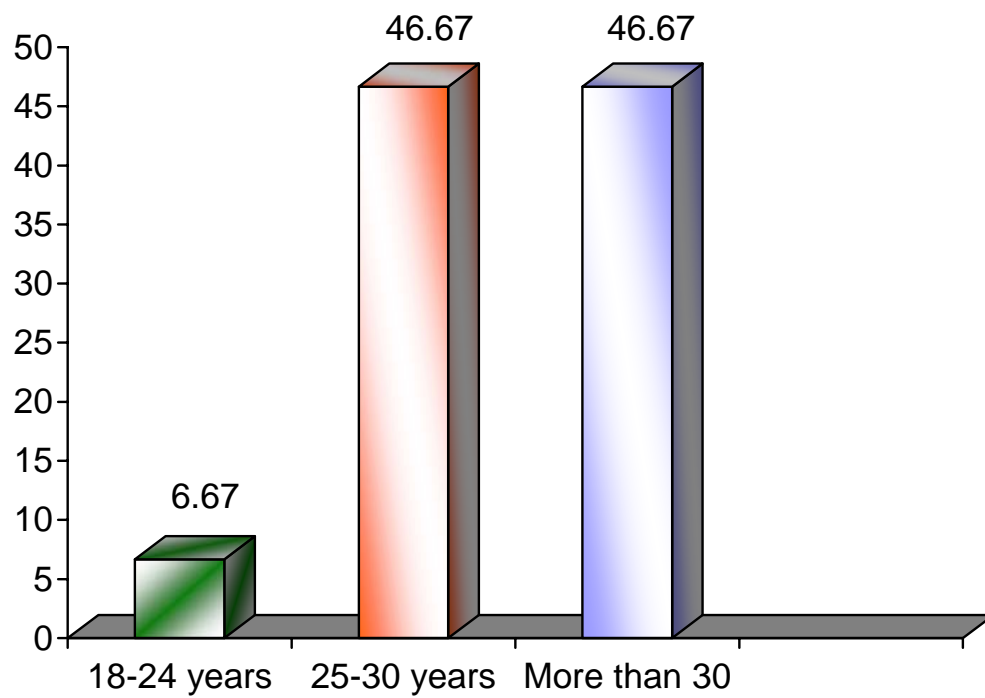
Figure -3**Percentage distribution of Age in Years**

Figure 3 shows Percentage distribution of Age in Years.

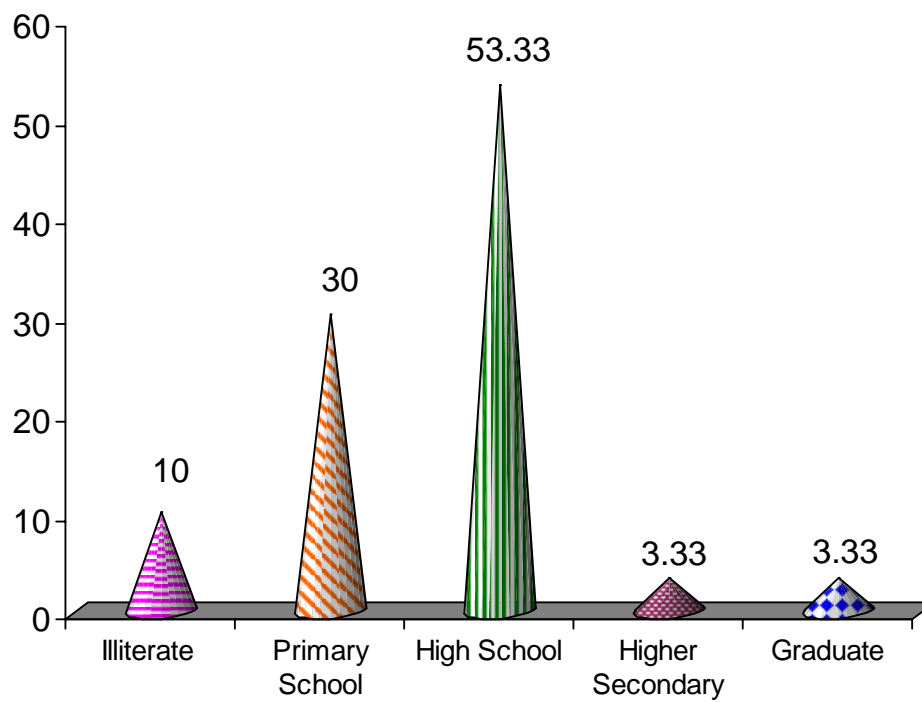
Figure -4**Percentage distribution of Education**

Figure 4 shows Percentage distribution of Education

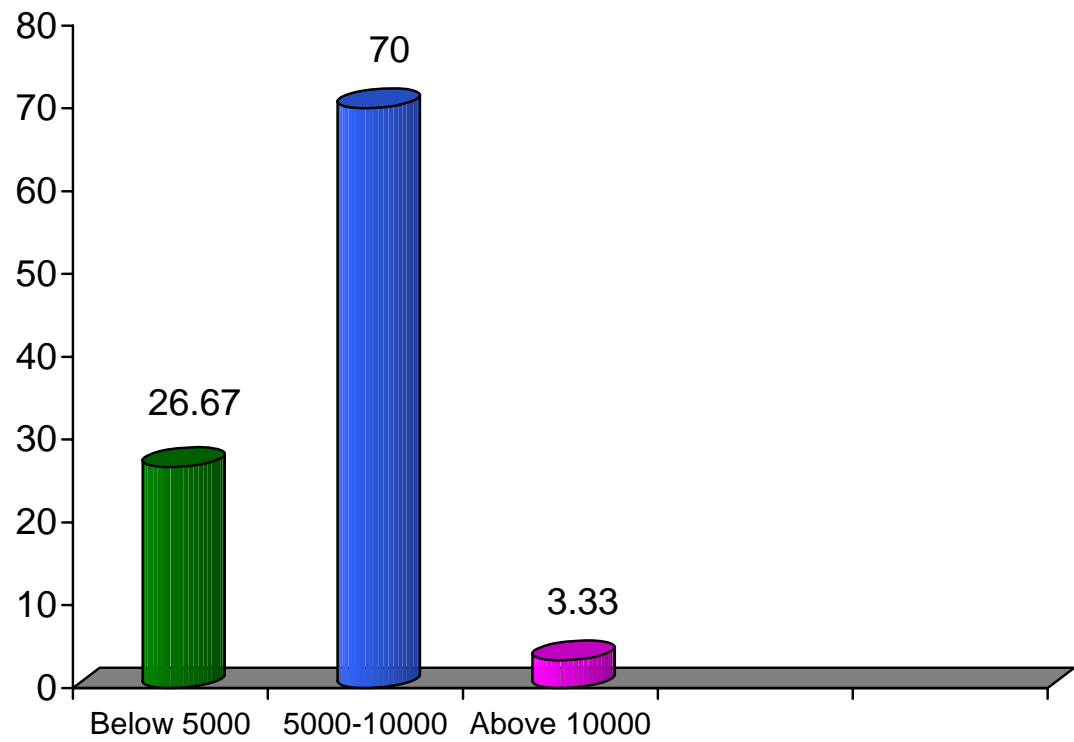
Figure -5**Percentage distribution of Income**

Figure 5 shows percentage distribution of Income

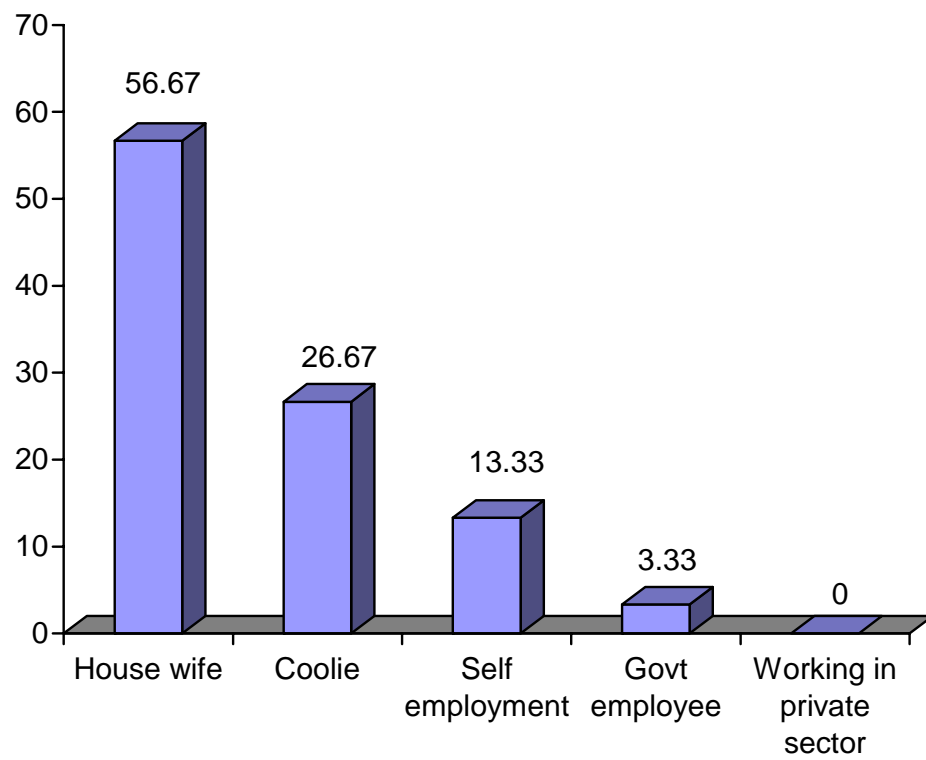
Figure -6**Percentage distribution of Occupation**

Figure 6 shows percentage distribution of Occupation

Table 2

Frequency and percentage distribution of sample according to their level of knowledge in pre-test.

Score	Pre test	
	F	%
Poor (1-5)	13	43.3
Average (6-14)	17	56.67
Good (15-20)	0	0

Table 2 shows that most of parents (17) were found have average knowledge (56.67%) during pre test. None of them had good knowledge

Table 3

Frequency and percentage distribution of sample according to their level of knowledge in post-test.

Score	Post test	
	F	%
Poor (1-5)	2	6.67
Average (6-14)	24	80
Good (15-20)	4	13.3

. Table 3 shows that level of knowledge has increased to 24 members (80%), in average level, 4 members (13.3%) were found to have good knowledge, during post test.

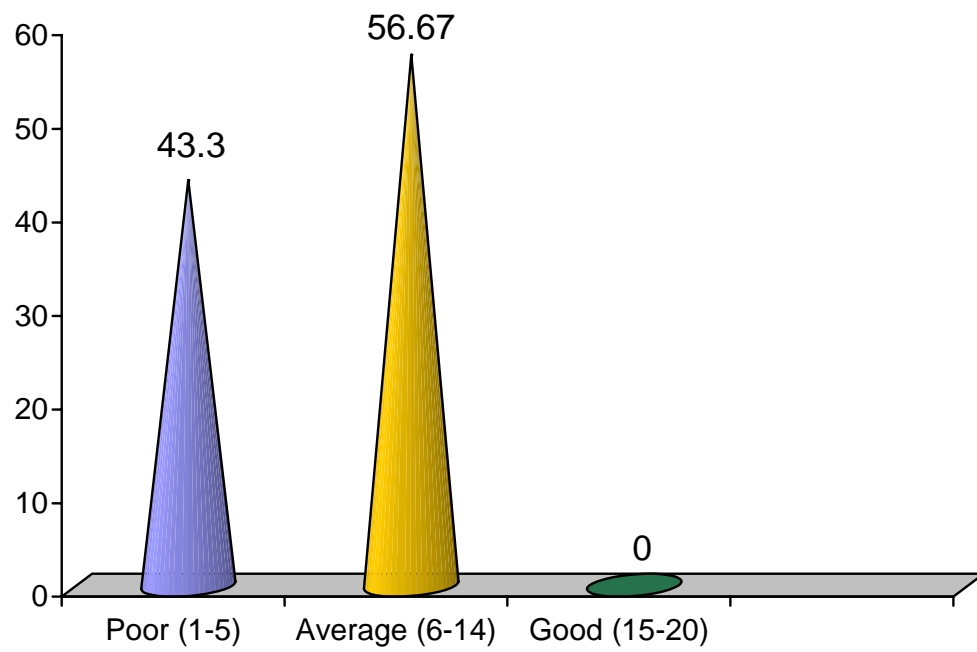
Figure 7**Rank in pre test**

Figure 7 shows 43.3% are poor, 56.67% are average in pre test.

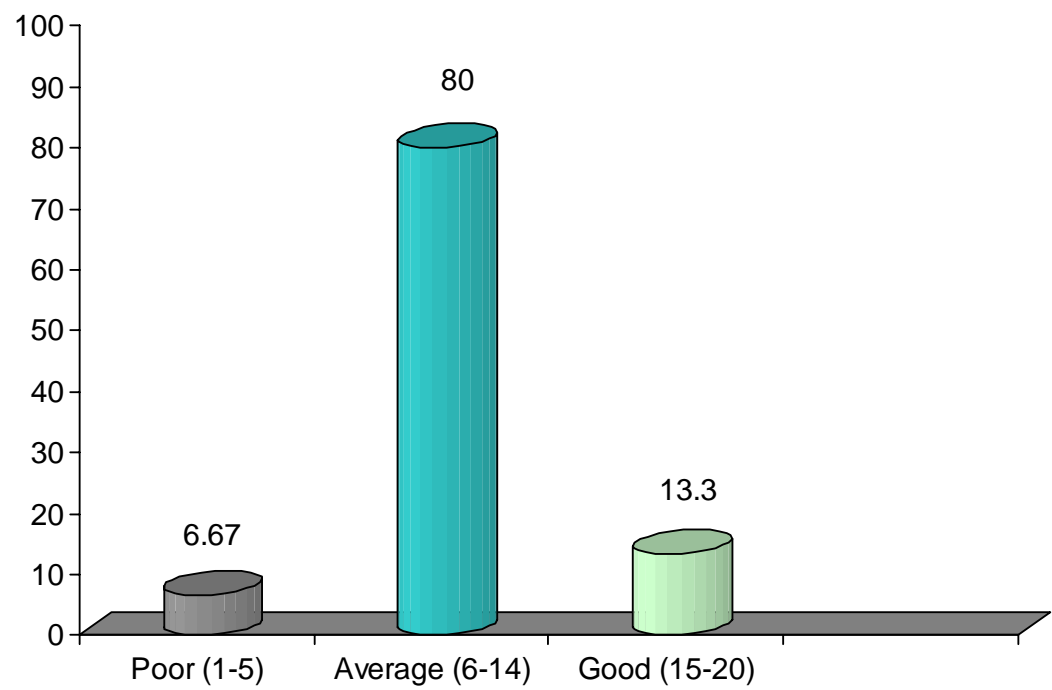
Figure 8**Rank in post test**

Figure 8 shows 6.67% poor, 80% average and 13.3% good in post test.

Section II

37

This section deals with the effectiveness of structured teaching program regarding home care of mentally challenged children.

Table 4

Mean standard deviation and 't' value of samples in the group.

Group	Mean	Standard deviation	Df	't' value
Pre test	5.3	2.18	29	15.93*
Post test	10.37	3.670		

P<0.05

Table 4 shows that mean of post test score (10.37) was higher than that of the mean of pre-test (5.3). The computed 't' value was (15.93) higher than the table value at 0.05 level of significant (2.045) so the research hypothesis was accepted.

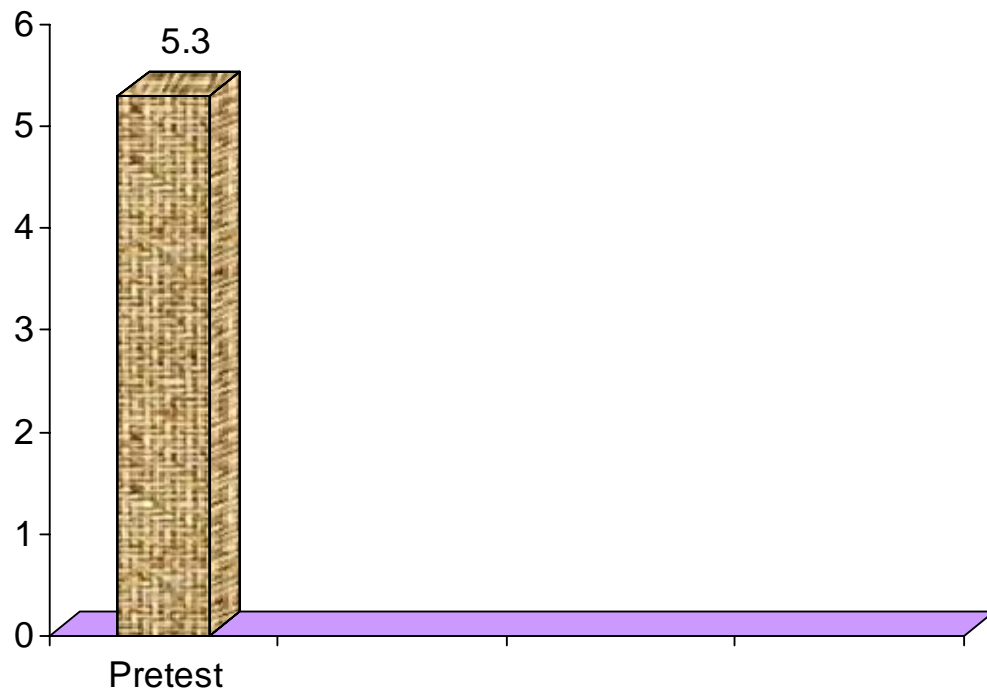
Figure 9**Mean score of pre-test**

Figure 9 shows mean score of pre test

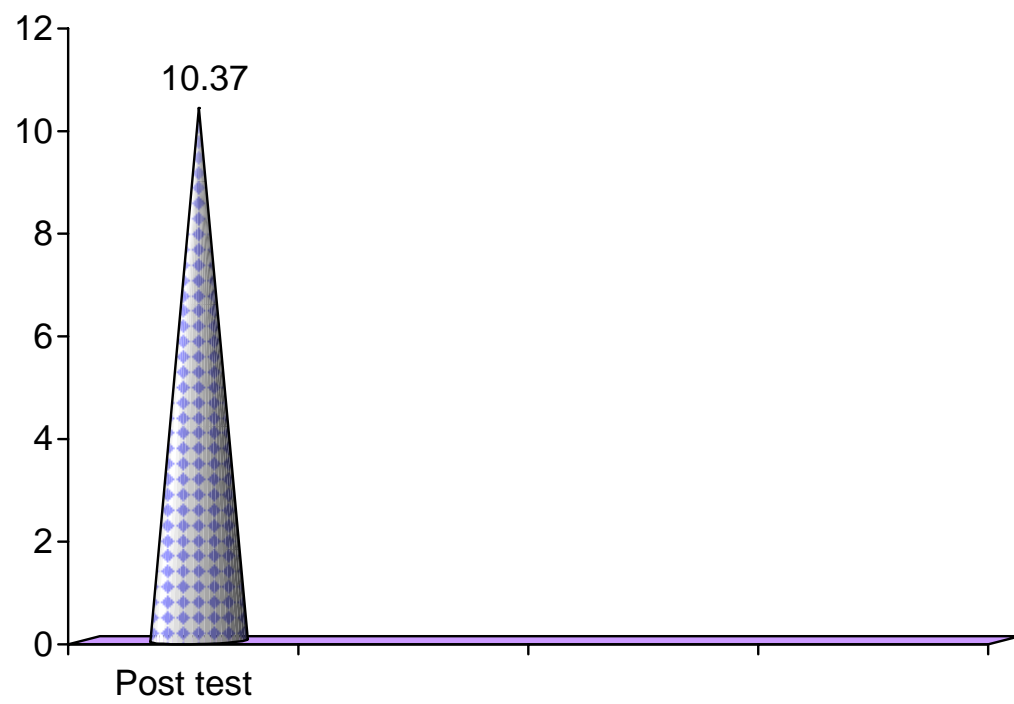
Figure 10**Mean score of post-test**

Figure 10 shows mean score of post test.

Section III

This section deals the association between knowledge and their selected demographic variables.

Association between knowledge and selected demographic variables.

Table 5

Association between age and knowledge

S.No	Demographic variable	χ^2	Df
1	Age in years		
	a. 18-24 years		
	b. 25-30 years	1.78	4
	c. More than 30		

Table 5 shows that, there is no association between age and knowledge.

Table 6

Association between education and knowledge

S.No	Demographic variable	χ^2	Df
1	Education		
	a. Illiterate		
	b. Primary school		
	c. High school	*36.21	10
	d. Higher secondary		
	e. Graduate		

Table 6 shows; there is association between education and knowledge.

Table 7

Association between income and knowledge

S.No	Demographic variable	χ^2	Df
1	Income		
	a. Below 5000		
	b. 5000-10000	1.048	4
	c. Above – 10000		

Table 7 shows there was no association between knowledge with the income.

Table 8

Association between knowledge and occupation

S.No	Demographic variable	χ^2	Df
1	Occupation		
	a. House wife		
	b. Coolie		
	c. Self employment	1.08	8
	d. Govt employ		
	e. Working in private sector		

Table 8 shows there was no association between knowledge with the occupation.

The research Hypothesis (H_2) there is a significant association between the knowledge of mothers and their education was supported. The mean of post test score (10.37) was higher than that of the mean of pre test (5.3). The mean difference was 5.07. The computed 't' value was (15.93) higher than the table value at 0.05 level of significant (2.045). So the research hypothesis was accepted. Other selected demographic variables (age, income, occupation) with the knowledge level were not supported.

CHAPTER V

RESULTS AND DISCUSSION

This chapter gives a brief account of the present study including results and discussion compared with some of the relevant studies done in different settings.

The present study was undertaken to assess the effectiveness of structured teaching program on home care of mentally challenged children. The study was conducted in Asseer Vidyalaya, special school for mentally retarded, Chenamcodu, Kanyakumari District. The pre test was conducted by using a knowledge questionnaire. After the structured teaching program the knowledge level of mothers are assessed by using the same questionnaire. The results and discussion of the study was based on the findings obtained from the statistical analysis. 't' test was used to test the significant difference between Pre test and Post test score. Chi square was used to find out the association between selected demographic variables with the level of knowledge on home care of mentally challenged children.

Objective of the study

- To assess the level of knowledge of mothers regarding the home care of mentally challenged children before and after the structured teaching program
- To find out the association between the knowledge of mothers and selected demographic variables such as age, education, occupation, and income.

Characteristics of sample.

The samples were selected based on the inclusion criteria.

Table I shows the distribution of subjects according to the demographic variables.

Among 30 mothers, majority of the mothers (46.67%) were in the age group of 25-30 yrs and above 30 years. In education 53.3% of mothers studied up to high school and 56%-67% of mothers are house wives. Regarding income 70% of mothers are getting Rs. 5000-10000/month.

Table 2 shows distribution of samples according to their level of knowledge.

In this study majority of mothers (56.67%) showed average knowledge. The findings shows that increased effort should be made to understand the home care of mentally challenged children.

Analysis was applied based on the objectives

1. To assess the level of knowledge of mothers regarding the care of mentally challenged children before and after the structured teaching program.

Table 2 and 3 shows the knowledge of mothers regarding home care of mentally challenged children before and after the structured teaching program.

During Pre test more of them had average knowledge (that is ⁴⁶ 56.67%). But in post test knowledge level is increased (to average 80% and good 13.3%). This indicates that the proper structured teaching program has improved the knowledge.

The research findings was in congruent with the following study conducted by Mr.Devaiah (2010, Bangalore). To assess the effectiveness of structured teaching program regarding home care of mentally retarded children among the mothers. In this study structured questionnaire was used to assess the knowledge of mothers. Result shows that during pre test the knowledge was poor. But marked improvement of knowledge has seen during post test.

3. To find out the association between the knowledge of mothers and their selected demographic variables such as age, education, occupation, and income.

In this study the investigator found that there was significant association between the level of knowledge with mothers education (chi-square = 36.21, df =10 and $p < 0.05$). Other demographic variables had no significant association with the level of knowledge regarding care of mentally challenged children.

Maqbool Ahmad (2008) conducted a study regarding care of mentally retarded. This study proved that, there is significant relation between knowledge and education.

Research hypothesis (H_1) there is a significant difference in the pre⁴⁷ test and post test level of knowledge regarding home care of mentally challenged children was supported. The mean of post test score (10.37) was higher than that of the mean of pre test (5.3). The mean difference was 5.07. The computed 't' value was (15.93) higher than the table value at 0.05 level of significant (2.045). So the research hypothesis was accepted.

The research hypothesis (H_2) there is significant association between the knowledge of mothers and their education was supported. Other selected demographic variables (age, income, occupation) with the knowledge level were not supported.

CHAPTER VI

SUMMARY AND RECOMMENDATION

This chapter deals with the summary of the study and conclusion drawn from the study. It also explains the limitations of the study, implication of the study in different areas like nursing education, nursing practice, nursing administration and nursing research.

Summary

The study was undertaken to assess the knowledge of mothers regarding home care of mentally challenged children in Asser Vidyalaya, special school for mentally retarded, Chenamcodu, Kanyakumari District. Mentally challenged children need special attention for the improvement and attainment of daily living skills. In the present study one group pre and post test design was used. Conceptual frame work used for this study was J.W.Kenny's open system model.

Objectives of the study

- To assess the level of knowledge of mothers regarding the home care of mentally challenged children before and after the structured teaching program
- To find out the association between the knowledge of mothers and demographic variables such as age, education, income and occupation.

Hypotheses

- There is a significant difference in the pre-test and post test level of knowledge regarding care of mentally challenged children.
- There is a significant association between the knowledge of the mothers regarding care of mentally challenged children and their demographic variables.

A quasi experimental one group pre and post test design was found to be suitable for this study. The setting of this study was Asser Vidyalaya, special school for mentally retarded, Chenamcodu, Kanyakumari District.

The tool consists of 2 sections. Section A and section B. Section A consist of demographic data such as age, education, income, and occupation. Section 'B' consist of 20 questions, to assess the knowledge regarding the home care of mentally challenged children. The reliability of the tool was measured by using test retest method in which the value of 'r' is 0.8. The researcher selected the subjects by convenient sampling technique. The population of the study was 30 mothers of mentally challenged children. The study period was from July to august (6-7-2011 to 6-8-2011).

The selected data were analyzed based on descriptive and inferential statistics according to the above said objectives. The pilot study proved that tools and design were appropriate.

The major findings were noted as follows

The pre test knowledge score was 5.3 and post test knowledge score was 10.37. The structured teaching program improved the knowledge level on an average of 5.07. The value calculated for the difference of pre-test and post test is statistically significant. The 't' value found to be 15.93 at $p < 0.5$ level of significance. This showed that there is a significant improvement in the knowledge level.

Chi – square test was used to analyse the association between the demographic variable with knowledge level. In that mother's knowledge level was associated with the mothers' education.

Nursing implication

The finding of the study reveals the implication on nursing practice, nursing education, nursing research and nursing administration.

Nursing practice

The nurses and other health care professionals are able to make significant contribution to promote care of mentally challenged children.

- Health education can be planned and conducted for the mothers.
- Awareness program can be conducted in the community or special school, to prevent misconception regarding mentally challenged.

Nursing education

- The present study motivates the other investigators to conduct studies regarding care of mentally challenged children.
- The findings of the study helps to expand the scientific body of professional knowledge up on which further research can be conducted.
- The study encourages the nurse educators to conduct periodical teaching schedules regarding mental retardation.
- The study motivates the staff to participate in continuing nursing education programs.

Nursing administration

- The nurse administrator should encourage the students and staff members to actively participate in conducting health programs for the antenatal mothers.
- Provide funds for conducting seminar, workshop and conferences.
- Encourage the staff to actively participate in, in-service education program to update their knowledge.
- Administrator has to encourage the staff to organise and conduct community oriented programs.

Recommendation

- The same study can be conducted to compare the knowledge of mothers, living in rural and urban areas.
- Similar study can be conducted to assess the knowledge and attitude of the mothers regarding mentally challenged children's care.
- The study can be conducted with large number of sample.
- Structured teaching program can be conducted among the residential special school teachers regarding mental retardation.
- The study can be conducted to determine the effectiveness of video teaching program on care of mentally challenged children.

Limitations

- Sample size is limited for 30 mothers
- Only one special school was selected for the study
- Period of study is 4 weeks.

Conclusions

The findings were

Mean pre-test score was 5.3. Post test score was 10.37.

Structured teaching program was very effective in improving the knowledge of mothers regarding home care of mentally challenged children. Regarding demographic variables mother's education was associated with their level of knowledge.

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Appendix - I

LIST OF EXPERTS FOR TOOL VALIDATION

1. Mrs. Subala

M.Sc(N)., Reader,
St. Xavier College of Nursing
Nagercoil.

2. Mrs. Grecia

M.Sc(N)., Proffessor
CSI College of Nursing
Neyyoor.

3. Mr. Piche

M.Sc(N). Reader,
Dr.S.M. C.S.I. College of Nursing,
Karakonam.

4. Dr. Kanesan,MBBS, MD

Prof. of Psychiatry
Sree mookambika institute of medical science
Kulasekharam.

5. Mrs. Preetha Nair,

Clinical Psychologist,
PRS Hospital,
Trivandrum.

APPENDIX-II

EVALUATION CRITERIA CHECK LIST FOR VALIDATION

Introduction

The expert is requested to go through the following criteria for the evaluation. Three columns are given for response and a column for remarks.

Kindly place a tick mark in the appropriate column and give remarks.

Interpretation columns

Column 1- Meets the criteria

Column 2- Partly meets the criteria

Column 3- Does not meet the criteria

S.No	Criteria	I	II	III	Remarks
1.	Scoring <ul style="list-style-type: none">➤ Appropriateness➤ Adequacy➤ Accurateness➤ Clarity➤ Simplicity				
2.	Content <ul style="list-style-type: none">➤ Organization<ul style="list-style-type: none">• Logical• Continuity➤ Adequacy➤ Appropriateness				

	➤ Relevance				
3.	Language <ul style="list-style-type: none"> ➤ Appropriateness ➤ Clarity ➤ Simplicity ➤ Concise ➤ Precision 				
4.	Practicability <ul style="list-style-type: none"> ➤ Is it easy to score ➤ Does it precisely measure ➤ The skill ➤ Utility 				

Any other suggestion

Signature

Name, designation

Address.

APPENDIX III

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

From

Mrs. Solit,
2nd year M.Sc Nursing Student,
Sree mookambika College of Nursing,
Kulasekharam.

To

The Administrator,
Azeer Vidhyalaya,
Chenamcode, K.K.Dist.

Respected Sir/ Madam

Subject : Permission to conduct study among mothers of mentally challenged children.

As a partial fulfillment of M.sc Nursing programme, I would like to conduct a research study to assess the effect of structured teaching program on care of mentally challenged children. I request you to grant me permission to conduct the study in your institution. Kindly do the needful.

Thanking you,

Yours faithfully,


(Solit)

Place : Kulasekharam

Date: 29/7/11

Forwarded
[Signature]

Sr. Reethamma Antony
PRINCIPAL
Assisi Vidyalaya
School for Mentally Retarded
Chenamcode, Maniankuzhy P
K.K.Dist., TamilNadu- 629 16

Appendix - IV
TOOL [STRUCTURED QUESTIONNAIRE]
PART – I

INSTRUCTIONS :

Choose the correct answer and put tick (✓) inside the box

1. Age

- | | |
|-----------------|--------------------------|
| a. 18-24 years | <input type="checkbox"/> |
| b. 25-30 years | <input type="checkbox"/> |
| c. More than 30 | <input type="checkbox"/> |

2. Education

- | | |
|----------------------|--------------------------|
| a. Illiterate | <input type="checkbox"/> |
| b. Primary education | <input type="checkbox"/> |
| c. High school | <input type="checkbox"/> |
| d. Higher secondary | <input type="checkbox"/> |
| e. Graduate | <input type="checkbox"/> |

3. Income per month

- | | |
|----------------------------|--------------------------|
| a. Below Rs. 5000/- | <input type="checkbox"/> |
| b. Rs. 5000 to Rs. 10000/- | <input type="checkbox"/> |
| c. Above Rs.10000/- | <input type="checkbox"/> |

4. Occupation

- a. House wife ☐
- b. Coolie ☐
- c. Self Employment ☐
- d. Govt. Employee ☐
- e. Working in private sector ☐

QUESTIONNAIRE

Note : Write the correct alphabet in the box [] provided

1. The best place for a mentally challenged child to grow is

a. School []

b. Own family []

c. Society []

d. Hostel []

2. What is home based care ?

a. Care provided by adult in child's home []

b. Care which is provided by an institution []

c. Care which is provided by strangers []

d. Care which is provided by colleagues []

3. Help the to brush their own teeth is primarily carried out at

a. Home []

b. Special school []

c. Neighbour's house []

d. Play ground []

4. What is the benefit of positive reinforcement behavior in mentally challenged children ?
- a. Helps in proper mental development []
 - b. Helps in developing psychological bond between
mother and child []
 - c. Behavior that is rewarded will be repeated []
 - d. No benefit []
5. Which is essential while giving care for mentally challenged child?
- a. Patience []
 - b. Anger []
 - c. Hate []
 - d. Nutral []
6. Which is essential in teaching life skill to mentally challenged children ?
- a. Integration of different teaching areas []
 - b. Consistency and continuity []
 - c. Incorporating modern equipments []
 - d. Special education []

7. The easiest and earliest skill that is learned by a mentally challenged child is

- a. Dressing skill []
- b. Bathing skill []
- c. Undressing []
- d. Brushing skill []

8. Self management skill in mentally challenged child is developed by

- a. Help the child to select own dress from the choices []
- b. Improve communication []
- c. Mother will do all the activities for the child. []
- d. Skill developed by self []

9. Dressing and bathing skill for mentally challenged child is developed by

- a. Proper coordination []
- b. Involvement of all family member []
- c. Organization of environment []
- d. Good institutional training []

10. Which type of skill is very difficult to be learned by a mentally challenged child ?

- a. Bathing skill []
- b. Eating skill []
- c. Learning skill []
- d. Learning to tie shoes []

11. What is the important hygienic practice to be taught ?

- a. Hand washing after the meals []
- b. Hand washing before the meals []
- c. Hand washing before and after the meals []
- d. Combing []

12. Which is the important self care activity to be taught the mentally challenged child ?

- a. Tooth brushing []
- b. Drawing []
- c. Writing []
- d. Learning []

13. What type of tooth brush is selected while brushing ?

- a. Soft child sized tooth brush ☐
- b. Large sized tooth brush ☐
- c. Small sized tooth brush ☐
- d. Don't bothered about the size of the brush ☐

14. What type of hair brush is easier for a child to grasp ?

- a. Large handled hair brush ☐
- b. Small hair brush ☐
- c. Medium hair brush ☐
- d. All size should be relevant ☐

15. The first step while teaching face wash is

- a. Wet and lather hands or face ☐
- b. Rinse hands and face ☐
- c. Turn on the water ☐
- d. Turn off the water ☐

16. Which type of toy is safe for the child ?

- a. Toys with sharp edges []
- b. Toys with blunt edges []
- c. Toys with removable parts []
- d. Extra large toys []

17. Which is most important for the child's intellectual development ?

- a. Play []
- b. Learning []
- c. Eating []
- d. Drawing []

18. The urgency of the child's need to go to toilet can be understood by

- a. Facial expression []
- b. Verbal response []
- c. Can't identify the toilet need []
- d. Gesture []

19.What is the important thing to improve the social development of the mentally challenged child ?

- a. Help the child to mingle with other children []
- b. Do not allow the child to mingle with other children []
- c. Keep the child secure at home always []
- d. Don't bothered about the social development of the child []

20.How can you make your child happy ?

- a. By spending more time daily with your child []
- b. Buy more toys []
- c. Food items. []
- d. More dress []

ANSWER KEY

- | | | |
|----|---|---|
| 1 | - | a |
| 2 | - | a |
| 3 | - | a |
| 4 | - | c |
| 5 | - | a |
| 6 | - | b |
| 7 | - | c |
| 8 | - | a |
| 9 | - | c |
| 10 | - | d |
| 11 | - | c |
| 12 | - | a |
| 13 | - | a |
| 14 | - | a |
| 15 | - | c |
| 16 | - | b |
| 17 | - | a |
| 18 | - | a |
| 19 | - | a |
| 20 | - | a |

Scoring

1-5	–	Poor
6-14	–	Average
15-20	–	Good

APPENDIX V
TEACHING MODULE
HOME BASED CARE OF MENTALLY CHALLENGED CHILDREN

TOPIC : HOME BASED CARE OF MENTALLY CHALLENGED CHILDREN

GROUP : MOTHERS OF MENTALLY CHALLENGED CHILDREN

PLACE : ASSEER VIDYALAYA, CHENAMCODU

NAME OF TEACHER : Mrs.SOLIT.N.B

METHOD OF TEACHING : LECTURE CUM DISCUSSION

A.V.AIDS : FLASHCARD

DURATION : 30- MINUTES

GENERAL OBJECTIVESS

At the end of structured teaching program the mothers are able to gain adequate knowledge about home care of mentally challenged children

SPECIFIC OBJECTIVES

The mothers are able to

- define home based care
- list out benefits of home based care
- describe behaviour management skill
- explain the life skills
- enumerate bathing and dressing skill
- explain eating skill
- describe grooming / hygiene
- enumerate play skill
- explain about toilet training
- describe about education for girls

HOME BASED CARE OF MENTALLY CHALLENGED CHILDREN

Specific Objective	Content	Time	Teaching learning activity/ AV aids	Evaluation
Mothers are able to define home based care	Introduction <p>Many researches have shown that the best place for children with mental retardation to grow in is their own families. Mother is the first teacher and home is the first school for mentally challenged children</p>	2 minutes	Teacher explains the definition of home based care	What is home based care?
	Definition <p>Home based care is care and education provided by adult in their own home or children's home</p>	2 minutes		
Mothers are able to list out the benefits of home based care	Benefits of home based care <ol style="list-style-type: none"> 1. Education and care is provided in calm and familiar environment allowing children to build trust. 2. Flexibility of hours care can be arranged to suit parents needs. 3. The child's own routines are able to be carried out in their own home. 	3 minutes	Teacher explains the benefit of home based care	What is the benefit of home based care?

Mothers are able to describe behaviour management skills	Behaviour management skill <ul style="list-style-type: none"> • Use positive reinforcement /reward If you see a good behavior by a child, praise the good behavior. Behavior that is rewarded will be repeated. • Smile and keep it positive Smile can go a long way when working with children. The times you feel least like smiling or when it will be the most important that you make your best effort. Take a deep breath, go in to the room with a smile and be positive 	3 minutes	Teacher explains the behaviour management skills	What are the behaviour management skills?
Mothers are able to explain the life skill	Life Skills <p>Children with mental retardation are capable of learning a great deal; however, they often need to be taught systematically and creatively in order to master certain skills. Consistency and continuity of training should be maintained. Many life skills need to be taught and practiced multiple times to help them independently participate in daily routines and activities. With the right environment and training program, children with mental retardation should show improvements in current life</p>	2 minutes	Mothers are actively listening	How to teach life skills

	<p>skills and begin to make progress with new skills. Be patient and realistic. It may take a while for your child to master certain skills, but a systematic approach should eventually pay off.</p> <p>Now that you have determined the set of skills you will be focusing on, you will want to create an environment that supports the use of these skills. If your are teaching tooth brushing make sure you have a bathroom set aside for that activity and that it has a sink, mirror, tooth brush, tooth paste and cup. Your child will generalize the skill in the same environment. Break down the skills you want to teach in to simple measurable steps so that you can track progress.</p>			
Mothers are able to enumerate bathing and dressing skill	<p>I. Bathing and dressing skills</p> <p>As a child grow and develop generally progress through learning a variety of self helps skills, such as dressing and undressing and taking a bath or shower unassisted. For your child who has a visual impairment and multiple disabilities, learning these skills may take longer than her typically developing siblings or age maters. Intact, she may always need support from you</p>	5 minutes	Mothers are actively Listening	How will you explain about bathing and dressing skill


	<p>or someone else, to complete these tasks. However, it is important that she learn to do as much for herself as possible.</p> <p>If your child has physical limitations, consultation with an occupational therapist is important. This professional has training in how to help children with limited motor function learn dressing and bathing skills.</p> <p>For most children learning to undress is easier than learning to dress, so consider beginning with undressing skills. Teach your child where to put her clothes once she takes them off. A basket or hamper located in the place where she undressed will make it easier for her to learn this concept. Also involve her in getting out her clothes to get dressed. You can encourage her to select the clothes she wants to wear. Opportunities to make choices help her develop her communication skills and self advocacy skills.</p>			
	<ul style="list-style-type: none"> Using routines for dressing and undressing will give your child a frame work for understanding what is going to happen and what is expected of her. You might begin the dressing routine by 			

	<p>giving her symbol that and become associated with the routine.</p> <ul style="list-style-type: none"> • The symbol for dressing might be a card with a small sock on it that looks and feels similar to one of her socks. • Use hand-under-hand or hand-over-hand techniques when guiding your child to take clothes out of drawers or closets, undress, dress, or put clothes in the laundry bag. • Name the parts of her body that are involved when assisting your child with undressing, dressing or bathing. For example, you might say, let's take your sock off your right foot. "This will help her learn more about her body and the terms used to name body parts. • Organization is important for dressing and bathing. Think about how you can set up the environment for your child so that things are in predictable places. For example, in her dresser drawers you can use dividers to separate her underpants. She might need for bathing in one basket will make it easier for her to locate what 			
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	<p>she wants. You might keep the basket in the bathroom on a shelf that she can reach.</p> <ul style="list-style-type: none"> • If your child has trouble figuring out sequences, pile her clothes in the order that they should be put on, from top down. E.g. Under pants, socks, pants, then shirt. This will help your child get the socks under the pants leg not over, the underpants under the trousers and not over, and the shirt out of pants and not half tucked in. • Clothing items that are loose fitting, have elastic waists, and use Velcro for fastness, are easier for children to take off and put on than items that have zippers, snaps, and buttons. If you begin with clothing that is easier for your child to remove and put on, over time you can gradually move to clothing that is more challenging for her. Learning to tie shoes is a challenge many children work hard to master. Some children find it easier to learn to tie shoes by making two loops and crossing them over. Your child's occupational therapist may be able to show you this method and other tricks for dressing, such as easier ways 			
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	<p>to put on jacket or pants.</p> <ul style="list-style-type: none"> • PROCEDURE • Bathing <ol style="list-style-type: none"> 1 . Oiling hair <ul style="list-style-type: none"> -Show the child where the oil bottle is kept. Train him to identify the oil bottle. - Demonstrate how to take the oil bottle, open the lid by right hand, keeping it in the left hand. -Demonstrate the application of oil. 2. Removing dress. <ul style="list-style-type: none"> - Train to close the door and bolt it. - Tell the child to remove clothes. - Show where to keep the dress. 3. Washing hair <ul style="list-style-type: none"> - Show how to open tap, fill the water and close the tap. - Pour water in to the body. - Guide the child to close the eyes and apply soap. - Demonstrate rubbing. - Demonstrate drying the entire body. - Demonstrate wearing clothes. - Appreciate the child. 		<p>Mothers are actively Listening</p>	
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	<p>Dressing</p> <p>1.wearing shirt</p> <ul style="list-style-type: none"> -Demonstrate how to hold and roll the shirt up to the sleeve, afer identify the front. -Guide the child to wears the shirt, in left and then right hand. -demonstrate closing the front by the use of button. <p>2.Removing shirts</p> <ul style="list-style-type: none"> -Demonstrate un buttoning -Demonstrate removing shirts -While removing shirts you stand behind the child and help to remove. 			
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<p>Mothers are able to explain eating skill</p>	<p>II. Eating</p> <p>Children should be encouraged to assist in setting the table with a bowl, spoon and glass and assisted to pour cold beverages or put food in their bowl. A clear glass is often easier for the child to make the association between cause and effect while pouring or drinking. If the child eats only dry crunchy foods, the use of a spoon can be incorporated if the food is broken into small bite sized pieces as it is placed in the bowl. Associated skill such as cleaning up, sweeping the floor or wiping the table should also be taught. When placing each item on the table, the assistant may choose to name each item.</p> <p>Hand washing before and after should also be modeled. Eating times should be closely supervised, with the assistant sitting either beside or across from the child. If simple commands are understood by the child, they could practice opening and closing their mouth as the assistant says “open” and “close”. The amount of food given to the child at one particular time should be limited in order to increase opportunities for nonverbal communication.</p>	<p>3 minutes</p>		<p>What are steps in the procedure of eating skill</p>
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	<p>PROCEDURE</p> <ol style="list-style-type: none"> 1. Washes hands 2. Sits in proper place 3. Positions plate, tumbler, spoon in front. 4. Take proper amount of food in the plate. 5.Fill water in the tumbler. 6. Wait for other people to serve food. 7.Take small bites. 8.Chew with mouth closed. 9.Request food if needed. 10.Afer food wash hands <p>These procedures should demonstrate the care giver</p>			
Mothers are able to describe grooming/ hygiene	<p>III. Grooming/Hygiene</p> <p>When teaching the child to wash their face and hands they should learn to turn on the water, wet and lather hands or face, rinse and turn off the water before drying. They should also be encouraged to hang up the wash cloth and towel in an orderly fashion. Once completed a final look in the mirror is used to help bring the activity to a close. If the child fails to look down at their hands, a small bell can be hidden in the assistant's</p>	3 minutes	Mothers are actively Listening	

	<p>palm and jingled throughout. Water play activities involving bubbles and cloths help the child learn cause and effect.</p> <p>During the early stages of programming, hair brushing can be designated as “work basket task” as the child sits at a table to complete the task. If using a large wide-toothed comb, it is helpful to attach a sticker to the edge of the comb to indicate which side they must grasp. A small hair brush is often easier for them to grasp in their palm and sense the weight of. Songs like “this is the way we brush our ... (hair) and “brush..., brush, brush your hair” are excellent for the assistant to sing to the child as they attempt the task).</p> <p>Helps the child to brush their own teeth. This is primarily carried out at home, however it should be reinforced on a daily basis through school programming. A soft child-sized tooth brush, tooth paste and disposable cups should be purchased, clearly labelled with the child’s name and stored in a secure cabinet close to a sink. The child should be taught how to grasp and hold the tooth brush put tooth paste on, open their mouth and brush their teeth, in an up/down and</p>			
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	<p>back/forth direction. Making up songs about the routine help extend the activity. Hand- over-hand guidance will usually be required through out most stages of the activity. After completing brushing their teeth, encourage children to rinse with a small amount of water and dispel in the sink. Removing the cap of the tooth paste or placing it back on, requires more sophistication of fine motor skills and can be incorporated at a later time.</p> <p>Nasal hygiene must also be reinforced with the child's daily routines, particularly if they suffer from "runny noses" due to upper respiratory problems and infections. They must be shown how to open up a facial tissue, place it over their nose in a tent-like fashion, gently wipe or blow it, and discard the tissue.</p> <p>PROCEDURE</p> <p>A. Grooming</p> <ol style="list-style-type: none"> 1. Select appropriate comb. 2 .Demonstrate proper finger coordination. 3 .Practice proper arm movements. 4 .Stand in front of the mirror. 			
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	<p>5 .Hold the comb properly.</p> <p>6. Comb from scalp to tip of hair.</p> <p>7. Fix the clip.</p> <p>B. Brushing</p> <p>Demonstrate.....</p> <ul style="list-style-type: none"> -applying tooth paste on the brush. -brushing front, left, right of the teeth.. -cleaning mouth after brushing. -tongue cleaning. -washing face. -dry hands and face. 			
Mothers are able to enumerate play skill	<p>IV. Play</p> <p>Play material should be selected carefully. Should avoid sharp ended and small parts toys. Blunt edge toys should be select to play. Normally play will helps to improve cognitive development.</p>	2 minutes		What is the use of play

<p>Mothers are able to explain about toilet training</p>	<p>V. Toilet training</p> <p>1. <i>How to teach</i></p> <ul style="list-style-type: none"> • Make the child to be comfortable with flushing the toilet and sitting on the potty chair. Begin teaching the child to go the bathroom. • Keep the child in loose end easily removable pants. • Watch the signals of urination or bowel movements like changing facial expression or stopping still for a moment and take the child for toilet at regular intervals. • Most children have bowel movements once a day usually with in an hour after eating and urinate with in a hour after having a large drink. • Stay with the child in the toilet until he/she completed • Reading or talking to the child while using toilet can make the child to relax. • Praise the child when he or she uses the toilet or potty. • Do not express disappointment if the child do not urinate or have bowel movement in the toilet or 	<p>3 minutes</p>		<p>What are steps in the procedure of toilet training</p>
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	<p>potty. Be patient with the child.</p> <ul style="list-style-type: none"> • Make sure the toilet area is safe. Keep household cleaners, deodorants and toiletries out of reach. <p>2. <i>Toilet training troubles</i></p> <ul style="list-style-type: none"> • Starting too soon can lead to problems. • If the child feels pressured by the parents, learning may be hampered. • Punishment will not help with toilet training <p>Any stress in the child's life new baby or starting child care can set them back.</p>			
Mothers are able to describe about education for girls	<p>VI. Education for girls</p> <p>Appropriate protection during the menstrual flow is one more grooming task which promotes acceptance of the girl.</p> <p>Modesty training also helps accomplish this and also reduces sexually enticing behavior. Direction must be simple and explicit. "Keep your blouse buttoned and your skirt down". Don't put your arms around the boys". Keep the door closed when you are not fully dressed. Don't let anyone touch your under your skirt.</p> <p>The girl language must also be considered if the physiology of conception is discussed. We are more comfortable as adults in nursing affectless, scientific terms. It is important to learn what names the girl uses for organs and functions in order to teach.</p>	2 minutes	Mothers are actively Listening	What are the Key points regarding education for women

	<p>The less severity handicapped girls exchange confidences, learning about menstruation and pregnancy from their companion at school.</p> <p>Teach your child especially girls to avoid unnecessary touch from boys. Parents should be bothered about the child's safety.</p> <p>Consider your child like your other kids. Maintain patience and provide love and affection to your mentally challenged children. Parents or care givers should be spent more time to their child. This will helps to make child happy and improve the social development of the child. Allow the child to mingle with other children. This also helps to improve the social development of the children.</p> <p>Summary</p> <p>So far we discussed about the definition, benefits, bathing and dressing skill, eating, grooming, toilet training and education for girls.</p> <p>Conclusion</p> <p>Mentally challenged children needs special attention, to attain their daily living skills. So the mother should have adequate knowledge regarding the home care of mentally challenged children. If the mother have adequate knowledge regarding home paste care, that will helps the child to become independent to do their daily living skills.</p>			
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